

# THSADA Nomination Form for the position of Vice-President

## **REGIONAL DIRECTOR**

- There can be only one nomination from each Region. Only Active members can vote for their Region Vice-Presidential candidate.
- Authorize the form with your signature then send selected candidate form to the THSADA Office by March 1<sup>st</sup>.
- Regional Director \_\_\_\_\_ Date \_\_\_\_\_
- Candidates will be certified for election by the THSADA Board of Directors.
- Election for the Vice-President position will be held electronically in Mid-June.

Candidate's Name \_\_\_\_\_

THSADA Region Number \_\_\_\_\_ THSADA Member Number \_\_\_\_\_

School District \_\_\_\_\_

Candidate's Title \_\_\_\_\_

Years as an Athletic Administrator \_\_\_\_\_

How has the candidate served the THSADA \_\_\_\_\_

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What would your goals be for the Association? \_\_\_\_\_

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How would you grow THSADA Membership? \_\_\_\_\_

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